

The City of Minneapolis

STEP-UP PROGRAM

2012 Application

STEP-UP is a summer jobs program for Minneapolis youth, ages 14-21.



STEP-UP interns receive job training, then work for pay at Minneapolis businesses and nonprofit organizations to gain job experience, explore career interests, and build professional skills.

To be eligible, you must: live in Minneapolis, be 14-21 years old on June 1, 2012, and NOT be currently enrolled in college (PSEO is okay). Incomplete applications will not be considered.

Applicants will be notified of their status the week of March 12, 2012.
Training for accepted applicants will take place in March and April 2012.

Please keep this cover sheet for your record.

Applicants should submit **one copy** of the application to one of these locations:

- Career & College Center in any Minneapolis Public High School
- South Workforce Center, 777 East Lake Street, Minneapolis, MN 55407
- North Workforce Center, 1200 Plymouth Avenue North, Minneapolis, MN 55411
- Franklin Library, 1314 East Franklin Avenue, Minneapolis, MN 55404
- Minneapolis Central Library, Teen Central, 300 Nicollet Mall, Minneapolis, MN 55401
- Or mail to: City of Minneapolis METP, 105 5th Avenue South, Room 200, Minneapolis, MN 55401

WE RECOMMEND THAT ALL APPLICANTS CHECK THEIR EMAIL AT LEAST ONCE A WEEK FOR IMPORTANT INFORMATION ABOUT ACCEPTANCE AND TRAINING.

The application deadline is: **February 3, 2012**

achievements



Translation Services

Atencion. Si desea recibir asistencia gratuita para traducir esta información, llame al 612-673-2700.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800.

TTY 612-673-2626

Use of Data

Purpose: The purpose of this form is to tell you how we may use the information from your application and participation in this program. It also tells with whom we might share this information and what will happen if you choose not to provide it.

I. Program Information

- Why we are asking for the information: To help us decide whether you are eligible for the program and what other services you may need to become self-sufficient.
- How we plan to use the information: We may use it to prepare required reports, conduct audits, review eligibility and to find out how the program is helping you.
- With whom we may share this information: With staff, for purposes of performing their official duties with, the Minnesota Department of Employment and Economic Development (DEED), from federal state and local welfare agencies.
- If you do not provide this information: You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you.
- Providing false information can lead to removal from the program.

II. Wage Detail Files

We may also use information from wage records kept by the Minnesota Department of Employment and Economic Development to help us evaluate the program.

III. Social Security Number

You do not have to provide a Social Security Number to be eligible for our programs. Federal Privacy Act and Freedom of Information Act dictates the use of the Social Security Number. We may use it for computer matches, program reviews and improvements, and audits. After you leave the program, the data will be kept until state and federal laws require that it be destroyed.

Funding for the STEP-UP program is provided by local, state and federal sources.

Due to the limited number of jobs available, we encourage you to pursue other job opportunities in addition to STEP-UP.

If you need assistance completing this application or do not understand this page, please contact STEP-UP at 612-673-5041.

Part One: Applicant Information

1. Basic Information

Your Name:

First: _____

Middle: _____

Last: _____

Date of Birth: ____/____/____ (Month/Day/Year)

Check your age on June 1, 2012: ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21

**Eligible applicants must be between the ages of 14-21 on June 1, 2012.*

Gender: ☐ Male ☐ Female

2. Address

Street Address: _____ Apt #: _____

City: _____ State: MN Zip: _____

**Eligible applicants MUST live in the City of Minneapolis.*

3. Contact Information

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Email Address: _____ (We recommend you check your email at least once a week for information and updates. If you do not know how to sign up for a free email account, call 612-673-5041 for assistance.)

Facebook Profile Name: _____

4. School Information

Name of school you are attending, if any: _____

Current grade level: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A

Student ID number: _____

5. Work Eligibility

Social Security Number: _____ - _____ - _____

Eligibility to Work (check one):

☐ U.S. Citizen

☐ Non-Citizen, eligible to work in the U.S. (please provide I-94#): _____

☐ I am currently not eligible to work in the U.S.

6. Demographic Information

Ethnicity: ☐ Hispanic/Latino ☐ Not of Hispanic Origin

Race (check all that apply):

☐ African or African-American ☐ Asian-American ☐ Caucasian ☐ Native American

Immigrant Status (Please select only one):

☐ I was born outside of the U.S.. If yes, where? _____

☐ I was born in the U.S., but one or both of my parents were born outside of the U.S.
If yes, where? _____

☐ I was born in the U.S. and so were my parents.

Part Two: About You

1. Do you participate in any of the following? (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Admission Possible | <input type="checkbox"/> PSEO | <input type="checkbox"/> Student Newspaper |
| <input type="checkbox"/> Advanced Placement, CIS, IB, Honors classes | <input type="checkbox"/> Robotics Club | <input type="checkbox"/> Student Government/Council |
| <input type="checkbox"/> Math Team/Club | <input type="checkbox"/> Science Club | <input type="checkbox"/> Upward Bound |
| <input type="checkbox"/> Mock Trial | <input type="checkbox"/> Sports Team | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Project Lead the Way | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> YMCA Youth Programs |
| | <input type="checkbox"/> Speech or Debate Club | <input type="checkbox"/> YWCA Youth Programs |
| <input type="checkbox"/> Other: _____ | | |

2. Work/Volunteer Experience

How many times have you completed STEP-UP work readiness training?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

How many times have you worked in a STEP-UP job?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

List employment or volunteer experiences (including ALL STEP-UP jobs):

Employer	Job Title	Start and End Dates	Paid? (Y or N)	Duties

Describe specific skills you gained from your volunteer or work experiences:

3. Technical Skills:

I have experience with the following computer programs:

	I have no experience	I have basic knowledge	I have advanced skills
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any other computer or technology skills you have:

Part Three: Short Essay Questions

****IMPORTANT NOTE:** All responses will be evaluated for completeness, thoughtfulness, and quality of writing.**

1. Why do you want to participate in the STEP-UP Program? What does it mean for your future?
Please be specific.

2. Identify a specific characteristic or skill that you have that would make you a successful employee. How did you develop this characteristic?

3. Please consider the following situation. Imagine you are at your summer job. Your supervisor just spoke to you about a few mistakes you made on a project. Describe all the steps you would take to handle the situation.

Part Four: Income and Family Information

Due to local, state and federal funding guidelines, STEP-UP serves students who meet specific income guidelines. If you choose not to provide this information, we may not be able to determine your eligibility to participate in STEP-UP. **This information is required in order for your application to be considered complete.**

1. I am eligible for (check one):

☐ Free School Lunch ☐ Reduced School Lunch ☐ Not Applicable

2. Family Size: (How many people, related to you by blood or marriage, lived in your home during the past 6 months? Include yourself.)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ Other _____

3. Your Income (Applicant's income) for the last 6 months only: \$ _____

(Total wages earned, not hourly wage. If nothing, enter "0")

4. Your Family's Income for the last 6 months only: \$ _____

Include as income: Pre-tax gross wages, net income from self-employment, rental income, and pensions including Veterans, dividends, interest, grants, SSDI, OASDI, alimony and/or worker's compensation. **Do NOT include as income:** any form of public assistance including SSI payments, child support, tax refunds, loans, one-time gifts, unemployment compensation, foster child payments, and/or HUD rental assistance.

5. Assistance

If you and/or your parent or guardian receive any of the following assistance, complete the section below.

Type of Assistance	Case Number	Date Began		Monthly Amount
Foster Child Allowance	#	Month	Year	
MFIP/TANF	#	Month	Year	
General Assistance	#	Month	Year	
Food Stamps	#	Month	Year	
Refugee Cash Assistance	#	Month	Year	

6. Additional Information

Answering the following questions will help STEP-UP to access funding to serve targeted student populations. Checking the items below WILL NOT HAVE ANY EFFECT on your acceptance to the program.

- Do you have an Individual Education Plan (IEP) at school or do you have a physical, mental, learning, emotional or behavioral disability? ☐ Yes ☐ No
- Are you pregnant or are you a parent? ☐ Yes ☐ No
- Have you committed a crime and/or been involved with the juvenile justice system? ☐ Yes ☐ No
- Are you currently taking English Language Learner (ELL) classes? ☐ Yes ☐ No
- Have you ever or are you currently receiving foster care services? ☐ Yes ☐ No
- Are you currently homeless? ☐ Yes ☐ No

Part Five: Parent and Youth Agreement

All youth under 18 at the time this application is submitted must have parent/guardian permission to participate in STEP-UP. The parent/guardian must read and complete all sections of this page. If you are currently 18 or older, you may complete this section yourself.

Youth (Applicant) Name: _____ Phone: _____

If I am not selected for STEP-UP, I give STEP-UP permission to release my contact information to other youth employment providers. ☐ Yes ☐ No

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Does your child have a special need or health condition that may affect their worksite assignment or participation in STEP-UP? ☐ Yes ☐ No

If yes, please explain:

Parent Permission Statement

- I hereby give my permission for my child to participate in STEP-UP activities that may lead to employment and training opportunities.
- I understand that youth participants may be referred to various non-city agencies or employers.
- Although public transportation may be provided to the participant, I understand that the City of Minneapolis and AchieveMpls will not supervise youth participants at those times.
- I voluntarily release the City of Minneapolis, AchieveMpls, Minneapolis Workforce Centers and the Minneapolis Park and Recreation Board from any and all liability based on claimed negligence at times when the youth participant is not under the supervision of the aforementioned parties.
- I further state that I have read this application and that it is accurate and complete to the best of my knowledge.
- I agree to provide, if requested, any documentation necessary to verify information on this form and I authorize the City of Minneapolis and AchieveMpls or their providers to verify information provided, if necessary.
- I give my permission to the Minneapolis Public Schools to release benchmark tests and other information to the City of Minneapolis and AchieveMpls or their providers as required for participation in STEP-UP.
- I agree that STEP-UP youth participants shall not claim any right to unemployment compensation resulting from any termination of employment or from any other event.
- I agree that my child may be photographed and/or video recorded to promote STEP-UP or his/her employer.
- I agree that my child may take part in program evaluations.

By signing below, I attest that I have read, understand, and agree with the information and statements within this application. Warning: Title 18, Part 1, Chapter 47, Section 1001 of the U.S. Code - Fraud and False Statements, makes it a criminal offense to make false statements or misrepresentations to any departments or agency of the U.S. as to matter within its jurisdictions.

Youth Signature: _____ **Date:** _____
(Required)

Parent Signature: _____ **Date:** _____
(Required for youth under 18)